

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/15/2019

Document Number:

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Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10633 Contact Person: Schuyler Hamilton
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-4017
Address: 1801 CALIFORNIA STREET #2500 Email: Schuyler.Hamilton@Crestonepr.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 322691 Location Type: Production Facilities
Name: ANDERSON TRUST C 62N68W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.099550 Longitude: -105.021460

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099692 Longitude: -105.021735 PDOP: 3.6 Measurement Date: 05/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330414 Location Type: Well Site No Location ID
Name: ANDERSON TRUST-62N68W Number: 32SENE
County: WELD
Qtr Qtr: SENE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.096707 Longitude: -105.020287

Flowline Start Point Riser

Latitude: 40.096699 Longitude: -105.020308 PDOP: 1.9 Measurement Date: 05/15/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 11/20/1996
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099732 Longitude: -105.021745 PDOP: 4.9 Measurement Date: 05/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331661 Location Type: _____ Well Site No Location ID
Name: ANDERSON-62N68W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.100997 Longitude: -105.019427

Flowline Start Point Riser

Latitude: 40.100967 Longitude -105.019448 PDOP: 3.0 Measurement Date: 05/15/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/17/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Anderson Trust 41-32 Flowline Registration 12321079_FL
Anderson Trust 32-8 Flowline Registration 12319089_FL

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 07/15/2019 Email: costin.mcqueen@crestonepr.com
Print Name: Costin McQueen Title: Environmental Technician

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files